MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER AFTER IN ADDITION OF AS FILED. AFTER led AMODONOOP IND. DEP. IN AMOUNT OF IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. Ø 75. Q 7) (1) 91. . TOTAL, TOTAL TOTAL DEP. TOTAL €

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